

Fill in this information to identify your case and this filing:

Debtor 1 **Sharmere Nicole Miller**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF MICHIGAN**

Case number **19-54076**
(if known)

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

1.1.

Street address, if available, or other description

City State ZIP Code

County

What is the property?

Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property?

Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?**Current value of the portion you own?**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....**\$0.00**

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1. **Who has an interest in the property?** Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Make: **Chevrolet** Check one.
 Model: **Equinox** ☒ Debtor 1 only
 Year: **2014** ☐ Debtor 2 only
 Approximate mileage: **87,000** ☐ Debtor 1 and Debtor 2 only
 Other information: **2014 Chevrolet Equinox (approx. 87,000 miles)** ☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Current value of the entire property? **\$4,000.00** **Current value of the portion you own?** **\$4,000.00**

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

4.1. **Who has an interest in the property?** Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Make: _____ Check one.
 Model: _____ ☐ Debtor 1 only
 Year: _____ ☐ Debtor 2 only
 Other information: _____ ☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Current value of the entire property? _____ **Current value of the portion you own?** _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here..... →

\$4,000.00**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe..... **Debtor's Furniture**

\$1,500.00**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe..... **1 Mac Book Pro**

\$750.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No☐ Yes. Describe.....**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No☐ Yes. Describe.....**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No☐ Yes. Describe.....**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe.....**Debtor's Clothing****\$500.00****12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☒ No☐ Yes. Describe.....**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

☒ No☐ Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....****\$2,750.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?**

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No☒ Yes.....

Cash:

\$80.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes..... Institution name:

| | | |
|--------------------------------|---|-----------------|
| 17.1. Checking account: | JP Morgan Chase Checking account | \$300.00 |
| 17.2. Checking account: | Team One Credit Union Checking account | \$0.00 |
| 17.3. Savings account: | Team One Credit Union Savings account | \$5.00 |
| 17.4. Certificates of deposit: | | |
| 17.5. Other financial account: | | |

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No☐ Yes..... Institution or issuer name:**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them.....

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No☐ Yes. List each

account separately. Type of account: Institution name:

401(k) or similar plan:

Pension plan:

IRA:

Retirement account:

Keogh:

Additional account:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☐ No☒ Yes.....

Institution name or individual:

Electric:

Gas:

Heating oil:

Security deposit on rental unit: **Security deposit on rental unit****\$400.00**

Prepaid rent:

Telephone:

Water:

Rented furniture:

Other:

23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them

Money or property owed to you?**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you☐ No☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**Federal: Earned Portion of 2019 Tax Refund. Amt:**
\$3,500.00Federal: **\$3,500.00**State: **\$0.00**Local: **\$0.00****29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value.....

Company name: _____

Beneficiary: _____

Surrender or refund value: _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

☒ No☐ Yes. Give specific information**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.....

35. Any financial assets you did not already list☒ No☐ Yes. Give specific information**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....** →**\$4,285.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

38. Accounts receivable or commissions you already earned☒ No☐ Yes. Describe..**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No☐ Yes. Describe..**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**☒ No☐ Yes. Describe..**41. Inventory**☒ No☐ Yes. Describe..**42. Interests in partnerships or joint ventures**☒ No☐ Yes. Describe..... Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations☒ No☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe.....

44. Any business-related property you did not already list

- ☒ No
☐ Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... →**\$0.00****Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

47. Farm animals*Examples: Livestock, poultry, farm-raised fish*

- ☒ No
☐ Yes....

48. Crops--either growing or harvested

- ☒ No
☐ Yes. Give specific
information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☒ No
☐ Yes....

50. Farm and fishing supplies, chemicals, and feed

- ☒ No
☐ Yes....

51. Any farm- and commercial fishing-related property you did not already list

- ☒ No
☐ Yes. Give specific
information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... →**\$0.00**

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**53. Do you have other property of any kind you did not already list?***Examples:* Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here..... → **\$0.00**

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... → **\$0.00**

56. Part 2: Total vehicles, line 5 **\$4,000.00**

57. Part 3: Total personal and household items, line 15 **\$2,750.00**

58. Part 4: Total financial assets, line 36 **\$4,285.00**

59. Part 5: Total business-related property, line 45 **\$0.00**

60. Part 6: Total farm- and fishing-related property, line 52 **\$0.00**

61. Part 7: Total other property not listed, line 54 **+\$0.00**

62. Total personal property. Add lines 56 through 61..... **\$11,035.00** Copy personal property total → **+\$11,035.00**

63. Total of all property on Schedule A/B. Add line 55 + line 62..... **\$11,035.00**

Fill in this information to identify your case:

| | | | |
|---|-------------------------------------|---------------|---------------|
| Debtor 1 | Sharmere | Nicole | Miller |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF MICHIGAN | | |
| Case number (if known) | 19-54076 | | |

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|---|--|------------------------------------|
| | Copy the value from <i>Schedule A/B</i> | Check only one box for each exemption | |
| Brief description: 1 Mac Book Pro Line from <i>Schedule A/B</i> : <u>7</u> | <u>\$750.00</u> | <input checked="" type="checkbox"/> \$750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) |
| Brief description: Debtor's Clothing Line from <i>Schedule A/B</i> : <u>11</u> | <u>\$500.00</u> | <input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) |

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption | Specific laws that allow exemption |
|--|--|---|------------------------------------|
| Brief description: Debtor's Carrying Cash Line from Schedule A/B: <u>16</u> | <u>\$80.00</u> | <input checked="" type="checkbox"/> <u>\$80.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Brief description: JP Morgan Chase Checking account Line from Schedule A/B: <u>17.1</u> | <u>\$300.00</u> | <input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Brief description: Team One Credit Union Checking account Line from Schedule A/B: <u>17.2</u> | <u>\$0.00</u> | <input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Brief description: Team One Credit Union Savings account Line from Schedule A/B: <u>17.3</u> | <u>\$5.00</u> | <input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Brief description: Security deposit on rental unit Line from Schedule A/B: <u>22</u> | <u>\$400.00</u> | <input checked="" type="checkbox"/> <u>\$400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Brief description: Earned Portion of 2019 Tax Refund Line from Schedule A/B: <u>28</u> | <u>\$3,500.00</u> | <input checked="" type="checkbox"/> <u>\$3,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |

Fill in this information to identify your case:

Debtor 1 Sharmere Nicole Miller
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN

Case number 19-54076
(if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A
Amount of claim
Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion
If any

2.1

Describe the property that secures the claim:

\$15,966.00\$4,000.00\$11,966.00**Credit Acceptance**

Creditor's name
25505 West 12 Mile Rd
Number Street
Suite 3000

2014 Chevrolet Equinox
(approx. 87,000 miles)

Southfield MI 48034
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

Automobile

Date debt was incurred 03/2018 Last 4 digits of account number 6 7 9 8

Add the dollar value of your entries in Column A on this page. Write that number here:

\$15,966.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$15,966.00

Debtor 1 **Sharmere Nicole Miller**

Case number (if known) **19-54076**

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1 **Sharmere Nicole Miller**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF MICHIGAN**

Case number **19-54076**
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

- ☒ No. Go to Part 2.
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | Total claim | Priority amount | Nonpriority amount |
|---|--|-----------------|--------------------|
| 2.1 | | | |
| Priority Creditor's Name | Last 4 digits of account number | | |
| Number Street | When was the debt incurred? | | |
| City State ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| <input type="checkbox"/> Contingent | | | |
| <input type="checkbox"/> Unliquidated | | | |
| <input type="checkbox"/> Disputed | | | |
| Who incurred the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only | | | |
| <input type="checkbox"/> Debtor 2 only | | | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | | |
| <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |
| Type of PRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Domestic support obligations | | | |
| <input type="checkbox"/> Taxes and certain other debts you owe the government | | | |
| <input type="checkbox"/> Claims for death or personal injury while you were intoxicated | | | |
| <input type="checkbox"/> Other. Specify | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim**\$2,938.00**

4.1

Acceptance Now

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

5501 Headquarters Drive**Plano****TX****75024**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **0 7 9 5**When was the debt incurred? **03/2015****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify

Rental Agreement

4.2

Advance America

Nonpriority Creditor's Name

15238 Isabella Dr

Number Street

Ste. B**Big Rapids****MI****49307**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **4 6 8 3**When was the debt incurred? **10/2018****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify

Unsecured Loan**\$400.00**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim4.3\$1,509.00**Ally Financial**

Nonpriority Creditor's Name

Attn: Bankruptcy Dept

Number Street

PO Box 380901**Bloomington****MN 55438**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 8 1 6 1When was the debt incurred? 01/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Automobile

4.4\$212.00**Cadillac Accounts Receivable Management**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 358**Cadillac****MI 49601**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 1 4 7When was the debt incurred? 11/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for -COVENANT HEALTHCARE

4.5\$820.00**Capital Accounts**

Nonpriority Creditor's Name

Attn: Bankruptcy Dept

Number Street

PO Box 140065**Nashville****TN 37214**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 7 8 2When was the debt incurred? 04/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for -MID-MICHIGAN PEDIATRIC CARDIOL

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.6****\$6,410.00****Capital One Auto Finance**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 30285**Salt Lake City****UT****84130**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1 0 0 1**When was the debt incurred? **04/09/2016****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Automobile**4.7****\$547.00****Cbc Credit**

Nonpriority Creditor's Name

Attn: Bankruptcy Department

Number Street

804 S. Hamilton St Ste 107**Saginaw****MI****48602**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5 4 4 0**When was the debt incurred? **10/13/2017****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -COVENANT HEALTHCARE**4.8****\$483.00****Cbc Credit**

Nonpriority Creditor's Name

Attn: Bankruptcy Department

Number Street

804 S. Hamilton St Ste 107**Saginaw****MI****48602**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5 4 4 1**When was the debt incurred? **10/13/2017****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -COVENANT HEALTHCARE

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.9\$866.00**CBCS**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 2334**Columbus****OH****43216**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 1 1 4When was the debt incurred? 04/13/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - SPECTRUM HEALTH BIG RAPIDS H4.10\$575.00**CBCS**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 2334**Columbus****OH****43216**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 1 1 3When was the debt incurred? 04/13/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - SPECTRUM HEALTH BIG RAPIDS H4.11\$535.00**CBCS**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 2334**Columbus****OH****43216**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 1 1 5When was the debt incurred? 04/13/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -SPECTRUM HEALTH BIG RAPIDS H

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.12\$431.00**CBCS**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 2334**Columbus****OH****43216**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.13\$298.00**CBCS**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 2334**Columbus****OH****43216**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.14\$208.00**CBCS**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 2334**Columbus****OH****43216**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 1 1 6When was the debt incurred? 04/13/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -SPECTRUM HEALTH BIG RAPIDS HLast 4 digits of account number 1 1 1 7When was the debt incurred? 04/13/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -SPECTRUM HEALTH BIG RAPIDS HLast 4 digits of account number 2 8 6 1When was the debt incurred? 04/13/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -SPECTRUM HEALTH BIG RAPIDS

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.15****\$1,329.00****Cr Srvs Of Michigan**

Nonpriority Creditor's Name

PO Box 6428

Number Street

Saginaw**MI****48608**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1 3 1 1**When was the debt incurred? **11/2015****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - VALLEY OB GYN CLINIC PC**4.16****\$500.00****Evergreen Services**

Nonpriority Creditor's Name

P.O. Box 834

Number Street

Lac Du Flambeau**WI****54538**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **4 6 8 3**When was the debt incurred? **06/2019****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Unsecured Loan**4.17****\$1,612.00****Ferris State**

Nonpriority Creditor's Name

C/o University Acc

Number Street

Brookfield**WI****53005**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6 6 0 6**When was the debt incurred? **05/06/2010****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.18****\$2,078.00****FinWise Bank/Opp Loans**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

130 E Randolph St, Ste3400**Chicago****IL****60601**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0 6 3 0**When was the debt incurred? **08/2019**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Unsecured**4.19****\$12,260.00****Navient**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 9640**Wiles-Barr****PA****18773**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0 5 4 3**When was the debt incurred? **09/2008**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

4.20**\$9,389.00****Navient**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 9640**Wiles-Barr****PA****18773**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9 8 4 0**When was the debt incurred? **08/2013**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.21****\$7,586.00****Navient**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 9640**Wiles-Barr****PA 18773**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0 5 2 7**When was the debt incurred? **09/2007**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

4.22**\$6,886.00****Navient**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 9640**Wiles-Barr****PA 18773**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2 4 7 5**When was the debt incurred? **12/2013**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

4.23**\$6,786.00****Navient**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 9640**Wiles-Barr****PA 18773**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0 1 1 2**When was the debt incurred? **11/2012**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.24****\$3,634.00****Navient**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 9640**Wiles-Barr****PA 18773**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0 3 8 4**When was the debt incurred? **08/2013**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

4.25**\$3,535.00****Navient**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 9640**Wiles-Barr****PA 18773**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0 5 3 5**When was the debt incurred? **01/2008**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

4.26**\$1,371.00****Progressive Leasing**

Nonpriority Creditor's Name

256 West Data Drive

Number Street

Draper**UT 84020**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1 5 7 0**When was the debt incurred? **04/2019**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Arrearage

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$105,127.00****4.27****USDOE/GLELSI**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 7860**Madison**

City

WI

State

53707

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.28**Xpress Cash Management**

Nonpriority Creditor's Name

d/b/a Check & Cash, USA, LLC

Number Street

5920 N. 39th Ave., Ste. 1**Wausau**

City

WI

State

54401

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **8 5 8 1**When was the debt incurred? **09/2005**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Last 4 digits of account number **4 6 8 3**When was the debt incurred? **10/2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Unsecured Loan**\$400.00**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Shermeta Law Group, PLLC

Name

P.O. 5016

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **Rochester****MI****48308**

City

State

ZIP Code

U.S. Department of Education/GL

Name

400 Maryland Ave. SW

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **Washington****DC****20202**

City

State

ZIP Code

United States Attorney

Name

Attn: Civil Division

Number Street

211 West Fort Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **Ste. 2001****Detroit****MI****48226**

City

State

ZIP Code

United States Attorney

Name

Attn: Civil Division

Number Street

211 West Fort Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **Ste. 2001****Detroit****MI****48226**

City

State

ZIP Code

United States Attorney

Name

Attn: Civil Division

Number Street

211 West Fort Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **Ste. 2001****Detroit****MI****48226**

City

State

ZIP Code

Debtor 1 **Sharmere Nicole Miller**

Case number (if known) **19-54076**

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

United States Attorney

Name

Attn: Civil Division

Number Street

211 West Fort Street

Ste. 2001

Detroit

MI

48226

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

____ _

United States Attorney

Name

Attn: Civil Division

Number Street

211 West Fort Street

Ste. 2001

Detroit

MI

48226

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

____ _

United States Attorney

Name

Attn: Civil Division

Number Street

211 West Fort Street

Ste. 2001

Detroit

MI

48226

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

____ _

United States Attorney

Name

Attn: Civil Division

Number Street

211 West Fort Street

Ste. 2001

Detroit

MI

48226

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

____ _

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | Total claim |
|-----------------------------|---|---------------------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. <u>\$0.00</u> |
| | 6b. Taxes and certain other debts you owe the government | 6b. <u>\$0.00</u> |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. <u>\$0.00</u> |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + <u>\$0.00</u> |
| | 6e. Total. Add lines 6a through 6d. | 6d. <u>\$0.00</u> |

| | | Total claim |
|-----------------------------|---|--------------------------|
| Total claims from Part 2 | 6f. Student loans | 6f. <u>\$156,815.00</u> |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. <u>\$0.00</u> |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. <u>\$0.00</u> |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + <u>\$21,910.00</u> |
| | 6j. Total. Add lines 6f through 6i. | 6j. <u>\$178,725.00</u> |

Fill in this information to identify your case:

| | | | |
|---|-------------------------------------|---------------|---------------|
| Debtor 1 | <u>Sharmere</u> | <u>Nicole</u> | <u>Miller</u> |
| | First Name | Middle Name | Last Name |
| <hr/> | | | |
| Debtor 2 (Spouse, if filing) | <u></u> | <u></u> | <u></u> |
| | First Name | Middle Name | Last Name |
| <hr/> | | | |
| United States Bankruptcy Court for the: | <u>EASTERN DISTRICT OF MICHIGAN</u> | | |
| <hr/> | | | |
| Case number (if known) | <u>19-54076</u> | | |

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1 The Windsong Apartments

Name

860 E Walton Blvd

Number Street

Residential Lease

Contract to be ASSUMED

Pontiac

City

MI

State

48340

ZIP Code

Fill in this information to identify your case:

| | | | |
|---|-------------------------------------|---------------|---------------|
| Debtor 1 | <u>Sharmere</u> | <u>Nicole</u> | <u>Miller</u> |
| | First Name | Middle Name | Last Name |
| <hr/> | | | |
| Debtor 2 (Spouse, if filing) | <u></u> | <u></u> | <u></u> |
| | First Name | Middle Name | Last Name |
| <hr/> | | | |
| United States Bankruptcy Court for the: | <u>EASTERN DISTRICT OF MICHIGAN</u> | | |
| <hr/> | | | |
| Case number (if known) | <u>19-54076</u> | | |

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No
☐ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☐ No
☐ Yes

In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: **Your codebtor**

Column 2: **The creditor to whom you owe the debt**

Check all schedules that apply:

| | |
|--|------------------------------|
| <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> | _____ Name |
| | _____ Number Street |
| | _____ City State ZIP Code |

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

| | | | |
|---|-------------------------------------|---------------|---------------|
| Debtor 1 | <u>Sharmere</u> | <u>Nicole</u> | <u>Miller</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>EASTERN DISTRICT OF MICHIGAN</u> | | |
| Case number (if known) | <u>19-54076</u> | | |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

- ☒ Employed
☐ Not employed

OccupationDegree Audit Specialist**Employer's name**Wayne State University**Employer's address**The Board of Governors

Number Street

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

Number Street

Detroit

City

MI

State

48202

Zip Code

City

State Zip Code

How long employed there? 1 year**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | <u>For Debtor 1</u> | <u>For Debtor 2 or non-filing spouse</u> |
|---|----------------------|--|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. <u>\$4,316.74</u> | <u> </u> |
| 3. Estimate and list monthly overtime pay. | 3. + <u>\$0.00</u> | <u> </u> |
| 4. Calculate gross income. Add line 2 + line 3. | 4. <u>\$4,316.74</u> | <u> </u> |

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|-----------------------|-----------------------------------|
| Copy line 4 here → 4. | \$4,316.74 | |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$520.75 | |
| 5b. Mandatory contributions for retirement plans | 5b. \$0.00 | |
| 5c. Voluntary contributions for retirement plans | 5c. \$0.00 | |
| 5d. Required repayments of retirement fund loans | 5d. \$0.00 | |
| 5e. Insurance | 5e. \$199.55 | |
| 5f. Domestic support obligations | 5f. \$0.00 | |
| 5g. Union dues | 5g. \$0.00 | |
| 5h. Other deductions. Specify: See continuation sheet | 5h. + \$146.98 | |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. \$867.28 | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$3,449.46 | |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$0.00 | |
| 8b. Interest and dividends | 8b. \$0.00 | |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$0.00 | |
| 8d. Unemployment compensation | 8d. \$0.00 | |
| 8e. Social Security | 8e. \$0.00 | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | 8f. \$0.00 | |
| 8g. Pension or retirement income | 8g. \$0.00 | |
| 8h. Other monthly income. Specify: _____ | 8h. + \$0.00 | |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. \$0.00 | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$3,449.46 | \$3,449.46 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____ | 11. + \$0.00 | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies. | 12. \$3,449.46 | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. None. <input type="checkbox"/> Yes. Explain: _____ | | |

Debtor 1 Sharmere Nicole Miller

Case number (if known) 19-54076

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|-----------------|--------------------------------------|
| 5h. Other Payroll Deductions (details) | | |
| <u>Dependent Life Ins.</u> | <u>\$4.88</u> | <u> </u> |
| <u>Delta Dental</u> | <u>\$24.61</u> | <u> </u> |
| <u>Vision</u> | <u>\$18.91</u> | <u> </u> |
| <u>Parking</u> | <u>\$98.58</u> | <u> </u> |
| Totals: | <u>\$146.98</u> | <u> </u> |

Fill in this information to identify your case:

| | | | |
|---|-------------------------------------|---------------|---------------|
| Debtor 1 | <u>Sharmere</u> | <u>Nicole</u> | <u>Miller</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | _____ | _____ | _____ |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>EASTERN DISTRICT OF MICHIGAN</u> | | |
| Case number (if known) | <u>19-54076</u> | | |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY**Official Form 106J****Schedule J: Your Expenses****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☒ No. Go to line 2.
- ☐ Yes. **Does Debtor 2 live in a separate household?**
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?☐ No☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

| Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
|---|------------------------|---|
| <u>Daughter</u> | <u>4</u> | <input type="checkbox"/> No |
| | | <input checked="" type="checkbox"/> Yes |
| <u>Son</u> | <u>6</u> | <input type="checkbox"/> No |
| | | <input checked="" type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes |

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses**4. The rental or home ownership expenses for your residence.**
Include first mortgage payments and any rent for the ground or lot.4. \$936.00**If not included in line 4:**

| | |
|---|-----------|
| 4a. Real estate taxes | 4a. _____ |
| 4b. Property, homeowner's, or renter's insurance | 4b. _____ |
| 4c. Home maintenance, repair, and upkeep expenses | 4c. _____ |
| 4d. Homeowner's association or condominium dues | 4d. _____ |

Your expenses

| | | |
|--|------|-----------------|
| 5. Additional mortgage payments for your residence , such as home equity loans | 5. | |
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas (Electric Bill) | 6a. | \$60.00 |
| 6b. Water, sewer, garbage collection | 6b. | \$70.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services (See continuation sheet(s) for details) | 6c. | \$227.00 |
| 6d. Other. Specify: _____ | 6d. | |
| 7. Food and housekeeping supplies | 7. | \$600.00 |
| 8. Childcare and children's education costs | 8. | \$470.00 |
| 9. Clothing, laundry, and dry cleaning (See continuation sheet(s) for details) | 9. | \$150.00 |
| 10. Personal care products and services (See continuation sheet(s) for details) | 10. | \$120.00 |
| 11. Medical and dental expenses (See continuation sheet(s) for details) | 11. | \$50.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. (Fuel) | 12. | \$200.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$60.00 |
| 14. Charitable contributions and religious donations | 14. | |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. | |
| 15b. Health insurance | 15b. | |
| 15c. Vehicle insurance | 15c. | \$134.00 |
| 15d. Other insurance. Specify: _____ | 15d. | |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. | |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 Chevrolet Equinox | 17a. | \$359.00 |
| 17b. Car payments for Vehicle 2 | 17b. | |
| 17c. Other. Specify: _____ | 17c. | |
| 17d. Other. Specify: _____ | 17d. | |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | 19. | |

Debtor 1 **Sharmere Nicole Miller**

Case number (if known) **19-54076**

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

| | |
|---|------------|
| 20a. Mortgages on other property | 20a. _____ |
| 20b. Real estate taxes | 20b. _____ |
| 20c. Property, homeowner's, or renter's insurance | 20c. _____ |
| 20d. Maintenance, repair, and upkeep expenses | 20d. _____ |
| 20e. Homeowner's association or condominium dues | 20e. _____ |

21. Other. Specify: _____ 21. **+** _____

22. Calculate your monthly expenses.

| | |
|---|------------------------|
| 22a. Add lines 4 through 21. | 22a. \$3,436.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. | 22b. _____ |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | 22c. \$3,436.00 |

23. Calculate your monthly net income.

| | |
|---|-------------------------|
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$3,449.46 |
| 23b. Copy your monthly expenses from line 22c above. | 23b. -\$3,436.00 |
| 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. \$13.46 |

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

None.

Debtor 1 Sharmere Nicole Miller

Case number (if known) 19-54076

6c. Telephone, cell phone, Internet, satellite, and cable services (details):

| | |
|--------------------|----------|
| Cell Phone | \$100.00 |
| Cable and Internet | \$127.00 |

| | |
|--------|-----------------|
| Total: | <u>\$227.00</u> |
|--------|-----------------|

9. Clothing, laundry, and dry cleaning (details):

| | |
|---------------------------|----------|
| Laundry Soap | \$30.00 |
| Change of Season Clothing | \$120.00 |

| | |
|--------|-----------------|
| Total: | <u>\$150.00</u> |
|--------|-----------------|

10. Personal care products and services (details):

| | |
|----------------------------------|----------|
| Haircuts for son | \$20.00 |
| Haircare for Debtor and Daughter | \$100.00 |

| | |
|--------|-----------------|
| Total: | <u>\$120.00</u> |
|--------|-----------------|

11. Medical and dental (details):

| | |
|--|---------|
| Vitamins, OTC Medicines, Dietary Supplements | \$50.00 |
|--|---------|

| | |
|--------|----------------|
| Total: | <u>\$50.00</u> |
|--------|----------------|